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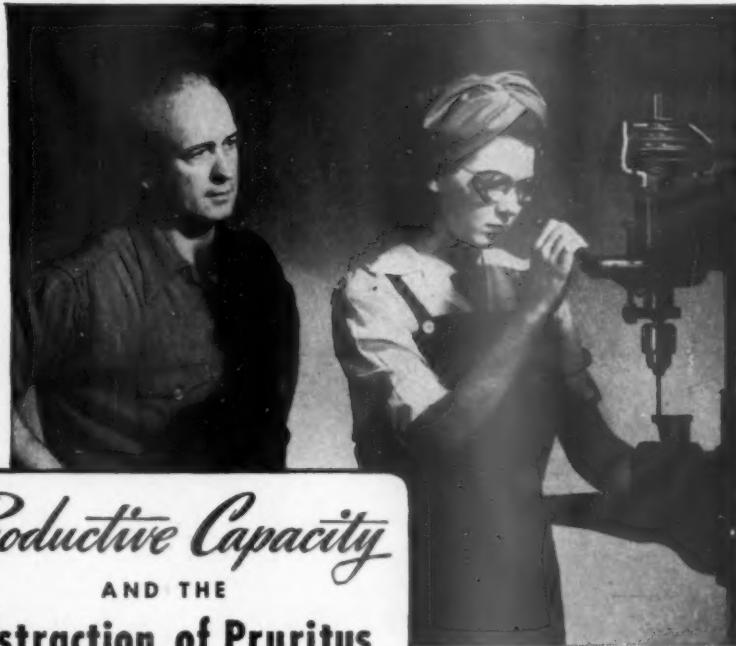
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# *A Journal for Nurses*

MAY 1944



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**Distraction of Pruritus**

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**CALMITOL**  
THE DEPENDABLE ANTI-PRURITIC

# RN

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*On the cover: Army Signal Corps Photo  
Courtesy of the A.N.C.*

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**May 1944**

**VOLUME 7, NUMBER 8**

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May 1944

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# Debits and Credits

## STANFORD PLAN

Dear Editor:

One great discrepancy in the Stanford Plan, which was not mentioned in Elsa Gidlow's excellent article "Private Duty Fights for its Life," is the boost in room rates for all patients, when only those actually needing special care would be receiving increased nursing service. This seems grossly unfair to the patient who would be on general care under the previous arrangement.

HELEN T. SCOTT, R.N.  
Chicago, Ill.

## SICK NURSE

Dear Editor:

While mailing my change of address I would like to tell you how much I have enjoyed my *R.N.*, even during my long illness. Those who make the magazine possible to those who are ill deserve a great deal of credit.

Although I am not able to work I expect to soon return to my home and family.

Through *R.N.* I have made a "correspondence acquaintance" with a nurse cur- ing in a western state. Mail is very important to us and my letters from this girl have brought me a great deal of cheer.

Many, many thanks.

Mrs. EMMA S. JUNE, R.N.  
Rome, N.Y.

## COMPULSORY UNION?

Dear Editor:

I am interested, along with other nurses working in industry, in knowing what are the advantages to nurses joining a union while working in first aid stations or clinics in factories. In a letter written to Miss Torrop, in your June issue, a nurse wrote that 95 per cent of the professional staff, including the chief nurse joined.

We are working in a plant that has never before employed women nurses and

the union setup is favorable to the first aid men, also employed, but not to us. The men are not graduates of hospitals; a few were orderlies but the majority just picked up their knowledge here and there. However, they receive the same salary for forty hours, and although we—the *R.N.*'s—cannot work over forty-eight hours a week, they are permitted to work on Sundays and consequently make a very creditable salary. This seems unfair. We also object to the ruling that the women must take out a half hour for lunch or dinner while this time is not deducted for the men. They come on duty a half hour later than we do, too, so they are on duty less time than the *R.N.*'s yet net a much fatter pay check....

Hitherto I have always been opposed to nurses joining unions, but as I now work in a large industry I can see where employees are almost compelled to organize in order to protect themselves. Can anyone tell me what control a union would have over one after leaving this type of work?

HELEN O'DEA, R.N.  
Roslindale, Mass.

## COMMISSIONS

Dear Editor:

I was recently given three copies of *R.N.* In the June and August copies I saw several very interesting pieces concerning recognition of male nurses.

Yes, I agree with Lt. Anthony A. Borski, when he states that, if the proper people were convinced, an agreement with the armed forces could be reached giving the male nurses a commission.

No one can convince me of the fact that such an agreement can't take place. Since I've been in the Army I've seen changes come about that have convinced me anything is possible.

It may sound rude, but the only reason presentable is that a few diehards don't

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want to be bothered about helping us attain recognition.

Another thing which amuses most male R.N.'s is that the Government spends thousands of dollars training G.I.'s for three months in nursing, then gives them the cream of promotions and positions. What good then does it do us to take a prescribed course of training, take state exams, and finally give our knowledge to the armed forces in the hopes they will be benefited by it? What happens then?

Here's what happens. A male R.N. is put in a small dispensary, gives a few pills, bandages a sore finger or toe and that's all. Mostly they put an R.N. on guard duty, K.P., ditch-digging and the like. Again I ask what good did it do us to tell the Army we were R.N.'s? None.

The medical officers, as Harry A. Roush, R.N., states, are mighty glad to get hold of a male R.N., because they know the capabilities that a male nurse possesses. Why then, don't they help the situation along? They are in a position to do so.

R.N., Colfax, Wash.

### REQUIREMENTS

Dear Editor:

Why is the Red Cross so particular when our boys in service are in need of the care of trained nurses?

Several years ago, when I thought of going in training, the requirement was only one year of high school, so I left high school in the middle of my senior year to enter a qualified training school. I completed my training and passed my state board examination for my R.N., in 1930.

A few months ago, not having any desire to leave my husband, but feeling that if I could be of any service I should volunteer, I applied for membership in the Red Cross. My application was turned down because I am not a high school graduate.

I wonder if our boys, who are wounded and dying on our battlefields care if the nurse who is taking care of them, helping them back to health and a chance to see their families again, is a high school graduate or not, as long as she has the training and ability to perform her duties and

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NEW Korium Powder, recently added to this therapy, reinforces the action of Korium Cream, prevents reinfection and provides an excellent antiseptic, moisture absorbent and deodorant powder for general use.

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give them the care that will ease their pain and suffering and speed them along to recovery?

Personally I think that thirteen years of practical experience is worth more than six months of high school.

R.N., New Brunswick, N.J.

## POTASSIUM BITARTRATE

Dear Editor:

In the December 11, 1943 issue of the *Journal of the American Medical Association*, Dr. M. G. Seelig has an interesting article on the use of potassium bitartrate in place of talcum powder in the preparation of rubber gloves. Talcum is one of the causes of infections and adhesions found in abdominal surgery. Potassium bitartrate (coarse cream of tartar) is recommended as the best substitute.

We would like to know if anyone has tried this new way of taking care of rubber gloves. We have found it rather difficult, but are using it, with the approval of our visiting surgeons. We autoclave our gloves at fifteen pound pressure for fifteen minutes.

These rubber gloves have the appearance of having been through a press and are somewhat sticky. We have been able to use them but with difficulty.

Can anyone offer a suggestion on how to take care of sterile rubber gloves and use cream of tartar in place of talcum powder?

MARY C. LOWE, R.N.  
Westfield, Mass.

[Reports on the use of potassium bitartrate for rubber gloves emphasize that there is a serious surgical hazard incident to use of talc as a dusting powder, especially postoperatively. Intestinal obstruction due to talc is frequent and requires operative relief of successive obstructions. Perforation of the gloves may deposit talc accidentally.

Granulomas are also a danger, as a result of talc implantation in rectum, vagina, cervix, brain and in healing wounds. The nursing personnel of the operating room also are in danger of granulomas through accidental entrance of the talc



WAR INDUSTRY requires a colossal supply of manpower. By this year's end more than one-third of it will be provided by some five million women. Doing men's work, they will need the stamina of men to perform vital tasks with sustained efficiency. Moreover, the war will demand the best efforts of millions of women engaged in farm, household and home defense work.

'RIONA' capsules can improve the efficiency of female workers by combating the physiologic "slow-down" periodically experienced by most normal women between the ages of fourteen and forty-five. 'RIONA' capsules contain 'Propadrine' hydrochloride,  $\frac{3}{4}$  gr., acetophenetidin, 2 gr., and aspirin, 3 gr. In the treatment of dysmenorrhea, the analgesic effect of aspirin and acetophenetidin is aided by the antispasmodic action of 'Propadrine' hydrochloride on the myometrium.

'RIONA' capsules are also indicated for the symptomatic relief of headache, neuralgia, rhinitis and malaise associated with hay fever or the common cold. 'RIONA' capsules, individually wrapped in cellophane, are supplied in boxes of 30 and 100. Sharp & Dohme, Philadelphia 1, Pa.

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SO YOU WANT TO BE A NURSE, Susan! Well, you can start your training right now by keeping those white shoes *really* white with Griffin Allwite—the white shoe cleaner preferred by trained nurses from coast-to-coast in yearly surveys.

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into conjunctival sacs. Potassium bitartrate possesses a degree of actual or potential solubility so as to be disposed of rapidly and completely by some form of peritoneal or tissue absorption. It possesses a degree of insolubility to the extent it withstands steam sterilization without losing the dusting property for which it is used.

A coarse mesh bitartrate is used, but too much heat or too long exposure, to even proper degree of heat, ruins both the gloves and the dusting effect of the powder as it will discolor and cake it. Only the standard and accepted fifteen pounds steam pressure for fifteen minutes should be used. It is true that this compound tends to shorten the life of the gloves (talc gloves sterilized twelve to thirty times as against seven to ten for bitartrate ones) yet any difficulty is far outweighed by lessened dangers of infection and other complications which result from use of the old talc method.—THE EDITORS.]

### FOR HALO'S SAKE

Dear Editor:

I wonder what the other nurses think of this opinion expressed by one of my dearest friends who is an office worker. For years she has derided our pretensions of professionalism. "You're classed as domestics in Washington, D.C.," she says. "You eat with the servants when you nurse in a family that has servants. Professionals? Ha ha! You're just a chambermaid with a halo, and for the sake of that halo you put up with the worst living and working conditions. You let yourselves get pushed around by superintendents and even manpower committees. You have the lowest pay rate of any skilled worker."

Of course she is exaggerating, but—"chambermaid with a halo" is what I often felt when nursing some socialite who had an attack of nerves. She'd want things picked up off the floor, this and that straightened. As for respecting my profession—there was none there.

I'm for socalized medicine. I'd like to see hospitals run like schools, state supervised and paid for with taxes, nurses



 In war, even more than in peace...dispenser of blessed relief...his the precious power over pain. Long hours the medical officer toils...routinely yet heroically...without thought of citation...grateful for brief moments of relaxation...for the cheer of an occasional smoke. And likely as not, his cigarette is Camel, the favorite brand in the armed forces\*...first choice for smooth mildness and for pleasing flavor. It's what every fighting man deserves.

### *1st in the Service*

\*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



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hired like teachers and so on. That would be professional status to me—to be responsible to a state administration. There's some dignity in that. Your standing would always be revered according to merit examinations . . . The best would rise and above all, the racketeer nurses and doctors would be largely eliminated.

LILLIAN CAHIER, R.N.  
Aberdeen, Wash.

### THANKS

Dear Editor:

*R.N.* means a great deal to nurses in the different war zones. Your effort in forwarding this magazine to us is highly appreciated I can assure you.

LT. ETHEL L. GRIFFIN, A.N.C.  
England

### POWER ERROR

Dear Editor:

For several years I have enjoyed reading *R.N.* and have never disagreed with any of your statements.

This month's edition [March] arrived today with a fine article and accompanying pictures of student activities at my school, Kings County Hospital. Herein lies the discrepancy: Since when has Margaret Power become a Registered Nurse?

Miss Power came to Kings Co. Hospital in 1937 as a physical educational instructor and a leader of student activities. In 1941, or early in 1942, she was made Dean of Women by Miss A. Johnson, Superintendent of Nurses. In this capacity when did Miss Power have the opportunity or time to spend three long years studying for her R.N. and passing state board examination?

R.N., Jersey City, N. J.

[*R.N.* and not Miss Power, erred in this instance: M.A. not R.N. should have followed Miss Power's name. The error is due to a conscientious makeup editor who was convinced that anyone involved in such a program would be an R.N. Our usually sharp-eyed proof readers failed to notice the error. R.N. received an immediate protest from Miss Power upon publication of the March issue.—THE EDITORS.]

# An Enriched Cereal that Helps to Balance the Infant Diet



Too often, the intake of iron and thiamine in the infant diet is undesirably low. The use of Gerber's Strained Oatmeal as a supplement to milk or formula helps remedy this deficiency because this cereal is enriched with iron and thiamine.

Gerber's Strained Oatmeal was developed by qualified infant nutritionists to meet the five essential requirements of a good cereal for babies.

1. *Nutritional Value.* This cereal is enriched with vitamins of the B complex as well as iron. An ounce will supply a generous intake of iron as well as a sufficient amount of thiamine for normal infants.
2. *Low Fibre Content.* Gerber's Strained Oatmeal is processed to be suitable for the delicate intestinal tract of infants as young as three or four weeks old. The percentage of fibre present in the dry cereal is low. When mixed with milk, it is even lower.
3. *Smooth Consistency.* When infants are first given cereal, consistency is very important. Gerber's Strained Oatmeal has been developed to mix to a smooth, creamy consistency.
4. *Appetizing Taste.* The taste of Gerber's Strained Oatmeal is unusually pleasing. Infants appreciate that good flavor as they grow older!
5. *Easy to Serve.* Gerber's Strained Oatmeal is pre-cooked. Simply add hot or cold milk or formula to secure the consistency desired.



## Iron and Thiamine Values of Gerber's Strained Oatmeal

	Thiamine	Iron
	mg.	mg.
Minimum daily requirement for infants	0.25	7.5
Recommended allowance	0.4	7.5
One ounce Gerber's Strained Oatmeal	0.37	12.0
Calories per ounce: Gerber's Strained Oatmeal		110

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Strained Foods      Chopped Foods

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Gentlemen: Kindly send a complimentary sample of Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

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**STORK:** Bailing out already, son?

**BABY:** Yep—there's a Swan home down there . . . and I love being Swanned 'cause it's mild as fine castiles!



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Journ. A. M. A. Queries and  
Minor Notes, Feb. 5, 1938.



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**Wartime transportation is tough on the bus-driver!** No wonder he's apt to suffer from so-called nervous indigestion and stomach upsets due to hyperacidity. He'll be thankful for BiSoDoL—it's an effective antacid alkali-izer. One teaspoonful of BiSoDoL powder or 3 tablets help bring prompt relief from distress due to excess gastric acidity.

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## Science Shorts

**MILITARY.** Capt. French R. Moore, in a recent discussion of Naval Medicine, described the four-way infusion method for treatment of shock and severe battle wounds. Plasma is given in both arms and one leg and saline and glucose in the other leg. At the same time donors for whole blood are made ready . . . The official seasick remedy, known as "Item 12960—Motion Sickness Preventive, U.S. Army," will probably be available this spring. Indications are that it will produce at least 50 per cent reduction in incidence of motion sickness but, because it contains a sedative, may cause drowsiness if used in excess . . . Dr. D. McLean and associates of London have devised a new chemical test for gas gangrene. It depends upon detection in the wound exudates of the presence of enzymes produced by gas bacillus and can be done in the field within an hour . . . The Army has opened a new center for treatment of arthritis. Studies on the use of sulfonamides and penicillin in the treatment of arthritis as well as special therapeutic equipment will be used . . . Drs. C. W. Mayo and E. G. Wakefield of the Mayo Clinic are studying the possibilities of a tree moss for surgical dressings.

\*

*In Australia they salvage damaged hypodermic needles for use as tubes in the manufacture of cordite.*

\*

**ALLERGIES.** A new method of immunization against hay fever has been developed by the Lederle Laboratories. Instead of giving a score of separate

antigens they can now give just four. Treatment can be based upon botanical families instead of individual pollen . . . Also, a new system of allergic testing permits the use of only one syringe. Tubes are inserted into a "breech-loading" syringe (each tube contains enough allergen for twenty to thirty tests) and tests are read within ten minutes.

\*

*"Shelter Legs," a swelling below the knees down to the feet, threatens to be permanent with some Englishwomen. It is caused by continuous sleeping on deck chairs in shelters.*

\*

**INFLUENZA.** The Journal of the American Medical Association reports that vaccination by inoculation, beneath the skin, of concentrated, inactivated influenza A. vaccine, shortly before, or even after the onset of, the disease, exerted a protective effect. The study was made in Army Specialized Training Program units in different parts of the United States with approximately 12,500 men involved. The Commission on Influenza feels that significance of the results is heightened by the uniformity of trend in practically all instances . . . The Navy has conducted a series of tests on the use of horse immune plasma for protection against influenza. It is administered by inhaling a fog of fine particles produced by an atomizer . . . Dr. T. Cecil and associates, following a series of controlled tests with sulfadiazine for the common cold, conclude that the sulfonamide should not be

used routinely but should be reserved for selected cases to prevent severe secondary infections.

Maps have been prepared by the Research and Development Branch of the Quartermaster Corps of the War Department, showing the amount of water needed by the body per day in battle zones.

A new formula, which incorporates sulfathiazole and sulfanilamide with a non-mercurial detergent-germicide called Ceepryns has been placed on the market. It is claimed that the special oil-in-water base spreads evenly and releases the sulfonamides readily into the tissues. It is designed for topical application in the treatment of a wide range of pyogenic infections.

A new estrogen, apparently 5 to 20 times as potent as stilbestrol when given

by mouth has been developed. It has been used in such estrogenic deficiencies as the menopausal syndrome, juvenile and senile vaginitis, hypo-ovarianism and certain disturbances of the menstrual cycle.

"Jeep disease" is the name applied to pilonidal disease or cysts and sinuses at the base of the spine. This condition is aggravated by the vigorous military training and mechanized warfare of modern days. Modification of an old operation is now being used in which the incision is partly closed instead of being sewed tightly. The patient is up and about in from six to nine days and back on duty in twenty-two days.

The genetics laboratory of the University of Wisconsin has produced featherless pigeons. Described as absurd but fascinating they suffer from no

## Outstanding as a Sick-room Aid to Comfort

RESINOL OINTMENT simplifies your problem of alleviating itching, burning and smarting associated with many forms of skin irritation—pressure sores, chafing, minor rectal or vulval discomfort, sheet burns, dry eczema itching. Make prompt application of Resinol and use it freely.

Containing ingredients widely known for their bland action in skin treatment, and with a 45 year background of usefulness, Resinol offers efficient help. Can be applied to tender skin surfaces.

Besides being so helpful in the sick-room, Resinol is highly effective in alleviating the itching of ivy or oak poisonings, the smarting of chapped skin, cracked blistered skin between toes, fiery torment of minor burns. A jar of soothing Resinol is a valuable addition to any medicine cabinet.

For cleansing and bathing the skin use Resinol Soap. Pure and bland. Its tonic-like fragrance is delightfully refreshing.

For a professional sample of Resinol Ointment and Soap, write Resinol Chemical Co., RN-31, Baltimore, Md.



1/4 oz. and  
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# The Nurses' Album of New Mothers

## NO. 2: DESPERATE MRS. DANIELS



MRS. DANIELS is one who takes motherhood hard. She's scared stiff of little Brewster (who knows it.)

"PLEASE BUBBLE, darling," begs Mrs. Daniels, almost in tears. Brewster thinks it's more interesting not to.

"COME HOME—and pick up the doctor on your way," Mrs. Daniels phones her husband. "Brewster has the strangest little speckles under his chin . . ."



FIRST-TIME mothers panic easily—especially at the sight of little skin irritations so common to babies.

FOR THIS REASON, many nurses find it helpful to suggest frequent dustings with Johnson's Baby Powder.



JOHNSON'S is made of superfine talc, lightly borated. It dry-lubricates the baby's skin . . . helps prevent annoying prickly heat and chafing.

MORE DOCTORS, nurses, and hospitals recommend Johnson's than all other brands of baby powder put together.



**JOHNSON'S  
BABY POWDER**

Johnson & Johnson  
NEW YORK CITY

*inferiority complex as a result of their inadequate attire.*

Doctors M. E. Sano and C. A. Holland, of Temple University, use a method of gluing instead of sewing for repair of ruptures of the liver and spleen. A natural glue, originally used for skin grafts, is made of blood plasma and cell extract. This new method makes use of physiologic principles of blood clotting and wound healing and is described as simple. The glue is applied to the edges of the organ with a sterile camel's hair brush and the edges held in place for about three minutes. The new method seems to reduce threat of hemorrhage and adhesions.

*Drs. W. S. Kroger and S. C. Freed have used hypnosis to treat functional dysmenorrhea that has been unaffected by either symptomatic or endocrine*

*therapy. Suggestions are made that the menses might be free from pain and that the next period would be normal in every respect. Permanent cures were reported in several cases.*

Drs. R. D. McClure and C. Lam discussed the do's and don'ts for care of minor burns before the Chicago Congress of Industrial Health. They warn against use of tannic acid proprietary preparations, sulfa drugs and breaking of blisters or other debridement of the wound. The burn is covered with fine mesh gauze impregnated with petrolatum or boric ointment and the dressing is large enough to keep out dirt and maintain some pressure . . . The Naval Medical Research Institute has made a comparative study of detergents for removal of fuel oil from intact skin, wounds and burns. Petroleum was found superior.

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YOU NEED IT  
MOST—AT THE  
**BALL**  
OF YOUR  
FOOT



\$1.00 pair at Drug,  
Shoe & Dept. Stores



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stimulate impeded circulation.  
Through reflex action, the sooth-  
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below the skin surface, helps

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to disperse waste  
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1. Their Skin-Tone shade blends with skin and hose.
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3. Their flat, woven edges make for neat, inconspicuous wrapping.
4. Made of mercerized cotton they are "silky" to the touch—yet cool and comfortable to wear.

And so we suggest that whenever you or a woman patient needs the "lift" of an elastic bandage that you remember the Ace Skin-Tone Ankle Roller. It's the proper size for ankle, arch, elbow or wrist and available at the nearest drug store.

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*Made for the Profession*

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nurse, how Z.B.T.  
Powder resists  
moisture!"

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**Z.B.T. containing Olive Oil**

Smooth Z.B.T. on your palm. Sprinkle water on it. See how the powder doesn't become caked or pasty. The water doesn't penetrate it, but forms tiny powder-coated drops — leaving the skin dry and protected. Compare with other leading baby powders.

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BABY POWDER  
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Successfully delivered.  
Hemoglobin, 65. Prescribed  
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● Today more patients than ever may well be suspected of being anemic. So, it has become more important than ever to—"Consider the blood."

When check reveals hypochromic anemia, the most important step to take is to see that the patient is supplied quickly and efficiently with iron.

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And, as Hematinic PLASTULES quickly dissolve in the stomach, the ferrous iron in semi-fluid state is immediately ready for assimilation.

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R.N.

# Memo from the Editor

**A**BOUT once in a lifetime each of us has an opportunity to do a special job which is important to a lot of people as well as to ourselves. And it's about once in a lifetime only that we are able to take advantage of the opportunity. After six happy and hectic years editing *R.N.*, I find myself in that position this month. And by the time this issue reaches you I shall be on temporary duty overseas as correspondent for the Army Nurse Corps.

While I'm away this page will be omitted, except whenever I am able to send back an editorial from the front. But I hope to be able to send *R.N.* a fresh story each month about the work of those gallant nurses serving under fire in the forward lines of various combat zones.

The appeal of this A.N.C. assignment comes especially through the chance it offers to interpret a large group of nurses to the American public, through magazines, press, and radio. We at *R.N.* have long been interested in the status of civilian nursing after the war, and closely identified with that is the frame of mind of the military nurse now overseas who will ultimately come home and be returned to civilian life. Also closely identified with postwar nursing is the public's sympathetic understanding of the average nurse and her professional interests and problems. Public education on nursing now may mean public support of nursing projects and interests in the postwar period. I am glad to have a hand in it at this critical time, grateful to the *R.N.* management for granting me the necessary military leave.

Until my return, Anne Marvin Goodrich, R.N., will sit at the editor's desk, and the regular editorial staff will continue to pursue the kind of news you want to hear and to present it in *R.N.*'s own readable style.

You'll be hearing more from me soon. Meanwhile, my best to you all!





*Outside the Health Center Eunice Gibson, Marie Luke, Minnie Lee and Theresa Lee (now A.N.C.) converse with two of their "clients." Below: Even though Chinese homes look out on an alley there are flowers at the windows. Crowded conditions are not always due to poverty, may denote lack of housing at any price in Chinatown.*



# Chinese Health Center

BY ELSA GIDLLOW



FICTION has laid a smokescreen which has all but obliterated a true view of Chinatowns and of the peoples inhabiting them. Fiction would have us believe that, behind the half-light of its smokescreen, lurk legions of sinister characters, versed in the mysterious ways of the Orient: ways unfathomable to most people of the Western world. Chinatown, San Francisco, does have its dragon roofs; its narrow alleys where gong and drum sounds reverberate from the depths of brightly lighted Tong houses; its lapidaries, bent above their exquisite work; its odors of incense, tea and spices; its eggflower soup, fried won ton, gai lan yuk, and soya bean cake cooked with fish and ginger. Chinatown also has a record of being the safest district in San Francisco. Even late at night you are absolutely safe on its streets.

The people of Chinatown are just as real-life, just as unsinister, as the people of Rutland, Vermont. Like the Vermonters they too are subject to disease; more so because of poor living conditions and because of some of their ancient customs, still practiced today. The most, and possibly the only, sinister thing in Chinatown is disease.

The Colony has a population of 18,000, which is smaller than it once was. The Chinese people, living in one of the most law-abiding sections of the city, want to be good citizens—good U.S. citizens. Most law enforcement officials and public agency heads will

tell you that they are. This is an important fact which public health nurses, working in this pocket-size Orient, always keep in mind. The Chinese wants to do what is expected of him in this land in which he is making his home and bringing up his family. He may not have any enthusiasm for subjecting himself or his baby to an X-ray, a patch test, or immunization, but he will cooperate when he understands

"The Chinese have always been therapists of note . . . Centuries ago . . . [they] practiced immunization against smallpox by saturating a piece of wool containing smallpox pustules and inserting it into the nostrils of the patient . . .", according to Dr. J. C. Geiger, Director of Public Health, San Francisco Department of Public Health. Of Chinatown, S. F., Dr. Geiger says:

" . . . While housing conditions in the Chinatown area are to be deplored and the urgent need exists for better living accommodations with rents commensurate to earning power, the situation is far from hopeless. The response of the Chinese to suggestion, the adaptability of Oriental customs to Occidental living, the eager willingness of these people to participate in city-wide activities, their evident desire to be good citizens, should gain for them the interest, encouragement and aid of the whole community. None of the activities undertaken in the interest of these people should be curtailed rather should they be extended . . ."

just what is required of him.

Located in San Francisco's miniature Orient is the Chinese Health Center, hub from which radiate the many spokes which help to turn the wheel of Chinatown's health program toward its goal—a health conscious, health-educated community. Helping to attain this goal Eunice Gibson, R.N., has been in charge of the Center for the decade of its existence, has worked in the Chinese community for 12 years. "We have learned never to say to our Chinese clients, 'Do you want to,' or, 'It will be better, if you do,' says Miss Gibson. "We say, 'You will have to,' and 'now you must go (or do) so-and-so.'" If they *must* they will, and philosophically. However, that does not necessarily mean that they want to have needles stuck in their arms, stand before x-ray machines, learn feeding regimes, isolate the tubercular member of the family from the common food bowl.

Learning to work with Chinese families in an adventure in psychology and human relations as well as fascinating public health nursing practice. It is different from public health work in oth-

er parts of the city. To win the cooperation of the individuals and of the community the nurses must understand the people and have their respect and liking. They must speak Chinese and have a sympathetic approach to Chinese customs even though some of those customs must gradually be modified in the interests of modern community hygiene.

In its relatively brief existence the Center has done, and is continuing to do, an exceptional job, particularly in the child health phase of its work, and in the war on tuberculosis, which has been the scourge of Chinatown.

Miss Gibson says: "We see a big difference between the babies growing up now, and those of 10 or 12 years ago. The muscle tone, teeth and general nutrition are greatly improved."

Infant mortality before the establishment of the Center was high—considerably higher than that for the rest of the city as a whole. Now the record bettered the rest of the city most years. In 1942, for instance, the mortality for Chinese babies was 17.3, while for the city as a whole it was 31.5 per thousand.

A public health program in the Chi-



Left: Theresa Lee, R.N., with the Center's Dr. Carlsmith tuberculin-testing in a school. Right: Mothers put one or two sweaters on the children under dress or blouse. San Francisco is not always warm.

nese community was started in 1926, but the separate center was not established until 1934. Miss Gibson took over the general district in 1932. A slight, dark, quietly decisive young woman, with a touch of quizzical humor, she liked the Chinese and they accepted her. "Now the Chinese adore her," a public health nurse in another part of the city recently said. "If she tried to leave the district, I believe they would go wherever she was and try to bring her back!" To this Miss Gibson will smilingly reply: "The Chinese don't like new faces. They like the faces they know."

Twelve years ago there were few people in Chinatown who spoke English. Miss Gibson, as soon as she was assigned to the district, began to study Chinese. The Chinese with whom she comes in contact say that though she speaks with an American accent she speaks well. The language was not completely new to Miss Gibson's family. Her grandfather had translated the Bible into Chinese.

Till recently the three field nurses working with Miss Gibson were Chinese. Two still are: Mrs. Minnie Lee,

who has been working in the district since 1931; Mrs. Marie Luke, for almost as long. Theresa Lee on leave of absence, is now in the Army Nurse Corps. Her place is being filled by Miss Wilda Fulton.

The biggest contribution of the Center is in the field of Child Welfare. Work in the community commences with the pregnant mother. The Center handles all pre-natal and post-natal work for Chinese patients of the San Francisco City & County Hospital. When mother and baby come home the nurse goes into the home and shows the mother how to bathe and care for the infant. After eight or nine weeks the Child Welfare Conference diet, printed in Chinese and English, is prescribed. Mothers are encouraged to attend the Child Welfare Conferences, held every Tuesday and Friday from one to three-thirty p. m. A sign in the meeting room says: "No sick children allowed." It is a well-baby clinic, open to all infants and pre-school children who are not under private care. The mothers bring their pre-kindergarten youngsters for feeding advice and general check-up. No treatments are given. Any sick chil-



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dren are referred either for private medical care or to appropriate clinics.

The children are immunized for whooping cough, smallpox, and diphtheria; later, from one year to 15 months of age, they are tuberculin-tested.

Babies in contact with a tuberculous elder are patch-tested earlier than the routine age of 12 to 15 months. X-rays are taken of all positive tuberculin cases. If activity is found, and there is no known contact, the entire family is tested. Discovered cases are passed on to the Tuberculosis branch of the Center and referred to the County Hospital Chest Clinic. Thus, the tuberculosis work, particularly from the preventive angle, begins in the Child Welfare Clinic and continues later in the school.

The Center's school work differs in a number of ways from public health school nursing in the rest of the city although general aims and program are the same. Chinese children go to two schools—American and Chinese. Amer-

ican school attendance is the same as for Occidental children. The Chinese children also attend Chinese school from five to eight P. M. each day. In some cases these hours have changed to 4 to 6 P. M. and the hard working youngsters have double homework, too.

A Chinese custom that years of public health education has made no headway against is nocturnal living. Chinese adults rarely rise before 10 in the morning unless occupations compel them to, and they keep very late hours. Children who must be at school get up and make themselves ready. School teachers, new to Chinatown, discover with horror that their little pupils, with practically no exceptions, have had no breakfast. Children, even small babies, are trained to adjust to their elders' late hours. This often shows in fatigue posture and in poor muscle tone.

Public health nurses working with Chinese children, boast of one great

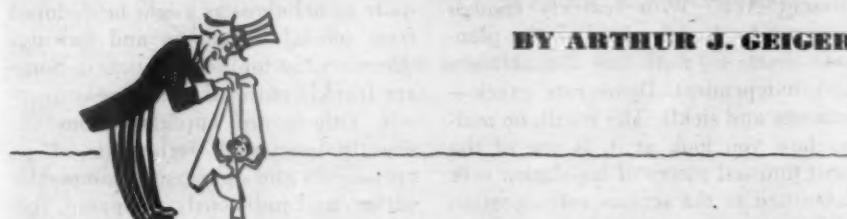
[Continued on page 54]

## Probie



*"Don't touch me—I'm sterile."*

## Blueprint for the Future



BY ARTHUR J. GEIGER

WHEN the girls come marching home, they are apt to find themselves in a nursing world so strange as to be almost unrecognizable. Practically all hospitals—voluntary, state, municipal and Federal—will be politically controlled, and their staffs wards of the government. Private duty will be a field closed except to the lucky practitioners whose patients are the very rich. The rank-and-file of R.N.'s will have their jobs chosen for them by public employment offices and will be paid out of Federal funds. Professional standards will be determined by a national council with few, if any, representatives of nursing. The profession as a whole will be ruled by an all-powerful dictator, named from the White House, and nursing's own organizations will have sunk to the status of social societies.

Fantastic as it may seem, the foregoing is no pipedream but an accurate picture of nursing's future as is visualized by our postwar planners. The legislation to convert it into bitter reality is already before Congress.

The instrument through which this revolution would be achieved is titled the Wagner-Murray-Dingell Act. Whether it will become the law of the land will be decided by both houses before the end of the year. Its number is S. 1161. Its purpose is defined as the provision of insurance against "the eco-

nomic hazards of American families—medical and hospital care, unemployment, temporary sickness, permanent disability, and old age." This ostensibly praiseworthy goal would be attained by what is described as a "simple extension" of Social Security statutes. To kill off any nursing opposition in advance, Senator Wagner has announced that his bill "does not cover nursing." His contention is echoed by fellow politicians, who say that any repercussions on nursing would be purely coincidental. Nurses who have waded through the lengthy document, however, are skeptical of the sincerity of these assurances. They fear that, coincidentally or not, the Wagner Bill would destroy the system of practice that has made American nursing a model for the universe.

Inspiration for a political "reformation" of nursing emanated, as such movements usually do, from Europe. It began with the favorable reception accorded Britain's Beveridge Plan in this country. Washington's social theorists, slowly drowning in a sea of unbalanced budgets, snatched at Sir William's design for better living as if it had been the proverbial straw. Overnight they raised the cry that what the United States needs is an "American Beveridge Plan." Searching for a starting point, they discovered it in the words of Social Security Board Chair-

man Arthur J. Altmeyer. "We have the elements of a program of social security," he told them. "It is only necessary to extend, expand, and improve our present Act." With scarcely enough time out for a sigh of relief, the planners went to work—as Republicans and independent Democrats crack—hammer and sickle. The result, no matter how you look at it, is one of the most unusual pieces of legislation ever submitted to the serious consideration of Congress.

The bill's kindest friends and severest critics concur that its most distinctive characteristic is a monumental obscurity. A story going the rounds is that the customary fog over the Potomac perceptibly thickened the moment it was introduced. Senator Wagner himself apologized for his brainchild's vagueness by remarking that it was "offered as a basis for legislative study"—rather than as a full-blown measure. In other words, it is a potpourri of suggestions, poured into one ear of Congress in the hope that something will come out of the other. Just what will emerge not even the capital's most expensive legal minds dare to guess. Quizzed by this magazine as to its effects upon nursing, Social Security authorities could not—or would not—lighten the darkness surrounding this point. On the other hand, it is deemed significant that none denied that there

would be effects—and of a momentous nature.

Honorable or otherwise, the intentions of the bill's sponsors are not quite as nebulous as might be deduced from official hemmings and hawings whenever the topic is mentioned. Some are frankly outlined in the measure itself. Others are apparent from the slightly less frank statements of its proponents and opponents. Lumped together, and judiciously compared, this evidence constitutes as candid a photo of how the Act would change the average nurse's life as can be obtained.

One thing about the plan is crystal-clear. It would hit every nurse where it hurts—in the pocketbook. For whatever else it may be, S.1161 is indisputably a tax-raising device. President Roosevelt revealed as much when he declared that "expanded Social Security would provide sources for financing the war."

Consequently, the Wagner proposals can count among their warmest advocates the gentlemen laboring at the task of inventing novel ways of digging into the public purse. Direct taxes are already so high, they are aware, that an open attempt to boost them for non-essential spending might be reflected at the polls this November. Compulsory lending schemes have so far encountered a chilly response—and have

[Continued on page 58]



#### NIGHT BLOOMING CEREUS

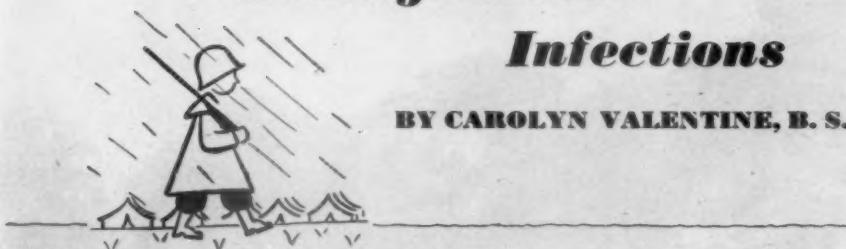
Now at midnight when hibiscus bloom  
Lies withered, shall our slow-believing eyes  
Quicken to watch the sentient plant surprise  
The air with creamy petals... Heart, consume  
Your calyx-stricture, and pervade the air  
With the abundant fragrance cloistered there.

—JANICE BLANCHARD, R.N.

# Meningococcal

## Infections

BY CAROLYN VALENTINE, B. S.



**S**PORADIC cases of meningitis are expected in large communities, but the disease may reach epidemic proportions. Crowds that gather in new and often unsanitary surroundings such as camps, jails and institutions will predispose to outbreaks although at times the number of cases will suddenly rise for no apparent reason.

In World War I, meningitis ranked sixth among the causes of death in U.S. Army camps and in the Navy there was a 38 per cent fatality with a rating of sixth in cause of death. The outbreak in this war is milder, but resembles that of the last and occurred about the same time in all camps with startling abruptness. There seems to be a definite relationship between incidence and cold and inclement weather for with onset of warm weather the epidemics, both civil and military, usually decline. Fatalities, at present, range from three to five per cent with complications and disabling sequelae rare. Undoubtedly, increased medical knowledge has caused this decline.

**ETIOLOGY.** Cerebrospinal Fever is caused by infection with *Diplococcus intracellularis*. Children under ten, adolescents, and young adults are commonly attacked in that order. Of four recognized types, the first three are fairly well defined but Type IV or "X" consists of all organisms outside of the other groups. All facts are not known

May 1944

about the disease but it appears sound to believe that it is transferred by droplet infection from the mouth and nose during the incubation period or from chronic or casual carriers.

**SYMPTOMS.** Three stages of the disease may merge and coexist. The first or "carrier stage" with local inflammation of the upper air passages may show few symptoms other than a possible tonsillitis, pharyngitis, sinusitis or conjunctivitis with a moderate amount of purulent discharge containing the characteristic diplococci.

In the second, or meningococcus sepsis stage the organisms pass from the original focus to dispersal through the general blood stream. At this time the patient tends to be apathetic, indifferent, dull, resentful of disturbances and may respond in monosyllables with little modulation of voice or change of facial expression. He prefers to lie on his side with knees drawn up and head bent forward. Oral secretions tend to dry and become viscid, there is moderate cyanosis, ashen pallor, increased leukocyte count, slight chills, rapid pulse and a complaint that he feels "sore all over." This last may be due to arthralgia or mild polyarthritis. Deep reflexes are exaggerated and unequal and there may be hyperesthesia. The rash, which consists of capillary hemorrhages into the skin and mucous mem-

[Continued on page 46]



*Storm-tossed on a light infantry landing craft until most of them were seasick, shifted to an LST by rope and ladder, bombed continuously, 21 nurses were among the first contingent to arrive for duty at Anzio. But, "air raids*

*were nothing compared to seasickness," they said and, despite the harrowing experience, reported immediately to the field hospital for duty. Lt. Wingerd, left, received the Purple Heart. Lt. Morrow, center, was killed in the action.*

## **The Nurses at Anzio**





*Greeted by air raids, booming guns and zooming planes, Lts. Slaybaugh and Schlemmer turn to the business of cleaning up and preparing to aid the rapidly growing line of wounded.*

*Below: Lt. Royal steals a moment of relaxation. The nurses were offered a house with bombproof roof but chose to stay in tents so that they could be near their patients during air raids.*





*After German planes had bombed the crowded evac. hospital in bright sunlight, a weary and silent group of nurses*

*stood around a tattered tent at dusk to grimly declare, "You couldn't get us to go home now."*

*Lt. Wingerd is typical of the women who brought order to nightmarish scenes of hospital bombings. They postponed grief, discarded fear and did their jobs.*

#### **AT ANZIO (cont.)**

Photos: Signal Corps, U.S. Army





*Two air raids in succession before they had time to dig fox-holes, but soldier help completed the task.*

*Below: Elizabeth Schwab, A.R.C. worker with the evac. hospital, was killed in a beachhead air raid.*



# News of the Month



## NEW COURSE

The first school in the Pacific Northwest to announce a course in occupational therapy and rehabilitation is the College of Puget Sound, Tacoma, Washington. The course has a subsidy of \$16,000 given by the Washington Tuberculosis Association. The course leads to a B.S. degree and an Occupational Therapy Certificate and covers a period of five years.

## INVASION SEAMEN

The War Shipping administration recently announced that U.S. and British Army medical facilities will be available to all United Nations seamen who may be wounded in the forthcoming invasion of Europe. Extensive machinery has been set up in the British Isles to handle casualties and to arrange for transportation from the Continent to hospitals in Britain. The aid of the United Seamen's Service personal service departments has been enlisted and the U.S.S. will assist survivors and accommodate convalescents at six of its clubs in the United Kingdom.

## WARM WEAR

Designed to bring added warmth and comfort to members of the Army Nurse Corps and other Army women in cold regions, new cold-weather clothing has been developed by the Army's Quartermaster Corps.

The cold-weather outfit comprises the following principal articles: a warm parka-type overcoat; wool trousers; finely-woven cotton outer trousers, which

are wind-resistant and water-repellent; felt shoes with separate felt insoles; mittens consisting of a combination of an outer shell and wool insert.

The wool trousers have snugly fitting, knit ankle cuffs. The outer trousers, of olive drab cotton sateen, have an adjustable waistband and instep closure of elastic braid to hold the bottoms in place. The full-length olive drab parka overcoat is also wind-resistant and water-repellent and is lined throughout with alpaca pile to provide added warmth. Attached to the overcoat is an alpaca-pile lined hood, adjusted to the face by a drawstring. The mittens consist of an outer sheath of leather and cotton. Wool-knitted mittens are worn under the shell.

## COLLEGE DEGREE PROBES

John S. Gibbs, Jr., president of the hospital board of Johns Hopkins, recently announced that a baccalaureate degree from an accredited college will be required of all candidates seeking admission to Johns Hopkins Hospital School of Nursing. This arrangement will begin with the October term.

The requirements were being raised, he explained, to meet "the great demand for graduate nurses of superior preparation for the many responsible positions in education and administration, in institutions, in the fields of public health and in other nursing services." Mr. Gibbs said further that the plan would make it easier for the school to map its training program. He said that there was "a real need for more schools

devoting themselves particularly to the training of teachers and those capable of leadership in the profession."

#### SICK NURSE FUND

The Sick Nurse Fund has acquired 281 subscriptions since 1940 and has 265 renewals on its books. These total \$546.00 in amount paid out for the subscriptions. The total amount paid into the fund as of March 31, 1944 was \$683.92. Minus the expenditure of \$546.00 the balance on hand, as of March 31st, was \$137.92.

#### CHINA PICTURE

Lt. Gen. Robert Kho-sheng Lim, chief of the supervisory and planning commission of the Chinese Army Medical Service, recently stated that one of the most serious problems facing the Chinese army in the field today is lack of an adequate number of trained medical personnel. He stated that the shortage of trained nurses is even more appalling than the shortage of doctors, though 8,000 to 9,000 men and women have been graduated from the emergency medical service training schools

where they were trained chiefly in the prevention of epidemics and the treatment of diseases . . . The United Nations Relief and Rehabilitation Administration recently announced that two U.S. members of the UNRRA staff had arrived in Chungking to serve as consultants to the Chinese Government.

#### SUMMER COURSES

There will be a special emphasis this year on summer graduate courses and workshops for nurses. The current shortage of nurses equipped for supervisory and administrative duties has led to this move to prepare well-qualified graduate nurses for greater responsibility. Fully 33 colleges and universities have already announced their plans for summer courses. Twenty-seven are giving courses approved by the N.O.P.H.N. for public health nurses and 14 are offering short term workshops in problems of administration and education. Federal funds, under the Bolton Act, have been allotted 34 institutions for graduate programs.

Alert administrators are already se-



Wide World Photos

*N.N.C. nurses, among the first to be sent overseas, visit  
bomb-ruins with an English nurse for hostess.*

lecting nurses who have shown special promise and are arranging leaves of absence for them. The fact that there are approximately 3,200 unfilled teaching, supervisory and head nurse positions in schools of nursing and hospitals was revealed by a recent study made by the National League of Nursing Education. Further information on the program for summer courses can be obtained from the National Nursing Council for War Service, 1790 Broadway, New York 19, N. Y.

#### APPOINTMENT

It has been announced that 1st Lt. Mary H. McKinnon, A.N.C., has been appointed Assistant to the Director of the U.S. Cadet Nurses in Army Hospitals. She will assist Major Mary Walker, A.N.C., in assigning Cadet Nurses, who have completed their two and a half years of training in civilian hospitals, to 30 Army General Hospitals throughout the country.

Lt. McKinnon was graduated from Teachers College, Columbia University with a B.S. degree. After five years of teaching in elementary schools in Victoria, British Columbia, of which she is a native, she returned to the U.S., attended the University of California

School of Nursing. She also holds a diploma from the U. of C. in Berkeley in public health nursing.

Naturalized in 1932 she served as inspector of schools of nursing for the Board of Examiners, California, until joining the A.N.C. August, 1943, at which time she was assigned to the Oakland Area Station Hospital. Prior to her present assignment she served as Chief Nurse at Walter Reed.

#### CADET NURSE QUOTA

The Cadet Nurse Corps now numbers approximately 92,000 students. Of the 65,000 new admissions 51,000 have already been accepted and the number remaining (14,000) to bring it up to the quota are expected to be signed before the deadline for their goal. The number of graduates who have signed up under the program for post graduate work now totals 4,079.

#### A.N.C. RING

The new Army Nurse Corps ring is now available to members of the A.N.C. through their local post exchange officers. An all gold ring, with a caduceus superimposed, it is smoothed down to eliminate any possibility of roughness. The ring sells for approximately \$7.50.



#### ODE TO A COLD

An ode to a cold is hardly an ode.  
Who could be poetic about a cold?  
Your voice gets hoarse, and your  
Nose gets red,  
And you put on your finery, and  
Go to bed,  
Look at the ceiling, and swallow pills,  
And concentrate on next month's bills.  
You wonder why in all creation  
You picked up the abomination.  
The way I see it, it's really pathetic,  
And nothing about which to become poetic.

—FLORENCE KAUFFMAN, R.N.

# Nursing As He Sees It

## A VIEW ON PRIVATE DUTY



On March 27th Dr. Ephraim M. Bluestone, Director of New York's Montefiore Hospital, dropped an incendiary-bomblike speech, whose words burned the *R.N.* representative and the other nurses attending the second wartime symposium arranged by the United Hospital Fund of New York.

To *R.N.*'s request that we reprint his speech "The Present Status of Nursing" in article form Dr. Bluestone replied that he would like *R.N.* to delay until it had first appeared in a publication devoted to hospital administrators. Feeling that his remarks merited immediate reporting *R.N.* quotes in part from the speech as heard.

Speaking of the current shortage of bedside nurses, Dr. Bluestone said: "We shall have to go back to fundamentals and see how and why bedside nursing evolved and achieved dignity. Surely it was in response to the needs



of the sick. Yet we now have the paradox of nurses who are too good for bedside nursing."

"It is important for us to understand at the outset that nursing is not a specialty of medicine, in the same sense as dermatology and orthopedic surgery are specialties of medicine and

surgery. The bedside nurse has very little to do with diagnosis and therapy, except to carry out the orders of the physician, make the patient comfortable and keep the physician informed. It would be a wonderful thing for the patient if enough doctors were available and could be afforded to spend more time at the bedside . . . He is much too highly trained a person to be spared for those procedures which lie in the province of the nurse, who need be far less trained. It would seem as if the more highly educated the worker at the bedside, whether it be doctor or nurse, the less time is available for the patient. Higher education begets higher ambitions and the cost of higher education and its consequences must, in the long run, be repaid by someone at some time. The sooner the educators and economists in the nursing profession recognize the truth of this statement, the sooner will we come to grips with the problem of the nursing shortage which literally burdens our lives these days."

Dr. Bluestone then stated that, "If we do not establish a sensible balance between the requirements of the brain and the requirements of the heart in nursing, we shall find that an enormous reservoir of potential nursing personnel is left untapped, while we issue 'clarion calls' to the colleges for highly educated women who, as a group, have thus far shied away from the bedside into adjacent spheres of

activity which can scarcely be called nursing.

" . . . The specialization of nursing, which has been going on during our time, has opened new fields which are so attractive that the bedside nurse has been drawn into them by the sheer force of economic pull on the one hand and the ward-work unattractiveness on the other. We now have nurse-technicians, who are technicians rather than nurses, nurse-anesthetists, who administer anesthesia and only incidentally nurse the patient, nurse-instructors, executive-nurses, nurses in the various medical and surgical specialties, industrial nurses and public health nurses."

Dr. Bluestone, referring to what he felt was the misguided concept that there was any comparison between the economics of medical practice and those of nursing practice spoke of the nurse's training as being "after-all, an elementary kind of education . . . Have you ever looked at some of the difficult scientific questions given to

student nurses at examination time? I have seen doctors standing around in the staff room chuckling over them. One of these doctors remarked that it was like the story of the pharmacy student in reverse—the poor chap who flunked his state board examinations because he forgot the lettuce in the sandwich!

" . . . Hospitals may have 'exploited' young ladies in the past who have entered their schools of nursing, but one must be very careful to define the word before passing final judgment. If the fear of 'cheap labor,' as they called it, is to prevent us from nursing our sick, we shall find ourselves sacrificing the sick to an economic theory. We must do our nursing first and worry about the cost afterwards, and the cost need not be heavy if we maintain a reasonable educational level.

" . . . The willingness of a young woman to take her chances as a member of this exacting profession, in which one gives more than one receives in the long run, and in which self-effacement (particularly in the presence of her

## **Industrial Nursing**



Secretary of Labor Perkins recently reported that the number of disabling industrial accidents declined from about 60,000 in November to approximately 55,000 in December. Summarizing the

Bureau of Labor Statistics report on December industrial injuries Secretary Perkins went on to say: "The improvement indicated in the over-all estimate was widely reflected in the individual industry frequency rates for the month. For 13 of the 64 listed industries, the average frequency rates were five or more frequency-rate points lower than the corresponding November rates, and for 36 others there were reductions of at least a full frequency-rate point. Lending emphasis to the general trend was the fact that 41 industries had lower frequency rates for December than for any other month of 1943."

\*  
The Industrial Hygiene Foundation, Pittsburgh, Pennsylvania, has reissued,

superior, the physician) is the rule, provides further evidence of the essential goodness of man in an age that will yet be spoken of in generations to come as unkind in its human relationships . . . If there are hardships for the students in our schools of nursing they may, indeed, be due, in large measure, to the inconsiderateness of the governing authorities of hospitals, but nursing is nursing."

Speaking of the untrained women, who have been called into the help-short hospitals to lend a hand, Dr. Bluestone said: ". . . many are proving that a college education, or any part of it, is not an absolute prerequisite to good bedside nursing. Unless the essential characteristics of bedside nursing are recognized for what they are, the nursing profession stands to suffer incalculable harm. One of my friends, who recently wrote to me on this subject, used vigorous language and I am quoting it because I know that you will be interested to see how some hospital executives feel about such matters. He

said: ". . . With more and more workers graduating from the bedside, who will be left to hold the patient's hand?"

Referring to the practical nurse he stated that she was "making her debut in medical society under trying conditions, for there is still a minority among the registered nurse group which maintains an attitude of aloofness and discouragement. They cannot, or will not, do the job themselves and, at the same time, resent the entrance of the less highly-educated practical nurse as an intrusion."

Speaking of the military demand for nurses Dr. Bluestone stated categorically that, "It is safer in the long run to assign military nurses to quiet areas which resemble civilian hospital conditions. Men fighting on the battlefield to achieve victory must be left undisturbed in their deadly work. Women in war are at their best nursing the sick and the injured back to health in safe locations from the front. At any point closer to the scene of military action they are in the way . . ."

in pamphlet form, the text on "The Common Cold as an Industrial Problem," by Simon S. Leopold, M.D., reprinted from the proceedings of its Seventh Annual Meeting, in 1942 . . . A circular entitled "Why Industrial Medical Service Should be Adopted" is being sent to manufacturers in Philadelphia and vicinity by the Health Committee of the Chamber of Commerce and Board of Trade of Philadelphia. The circular explains in detail, and with the use of statistics, the importance to the manufacturer of having an industrial setup for his company.

The American Association of Industrial Nurses has a pamphlet entitled

"Suggestions and Recommendations for Formation of Industrial Nurses' Club or Section." The pamphlet, which treats clearly and concisely with the subject, may be had by writing Elsa Lundstrom, R.N., Corresponding Secretary, The American Association of Industrial Nurses, Liberty Mutual Insurance Company, Boston, Massachusetts. Any nurses who have the pamphlet are welcome to write Miss Lundstrom should they desire further details . . . The A.A.I.N. will have many interesting things to report following the convention in St. Louis early this month. An R.N. representative will cover the convention and a detailed report of proceedings is scheduled to appear in a forthcoming issue.



M. BURNEICE LARSON, *Director*

When the RN of 1944 lets it be known that she is available for an appointment, she becomes the recipient of more attention than the most popular debutante who ever graced a ball room floor. Gratifying, yes. But, too, a trifle bewildering. How shall she decide which offer will contribute most to her professional advancement and security.

It will probably help to have an overall picture of opportunities available to the RN with her training... to know the salaries being offered... the customary hours and privileges. We can send you a complete survey of appointments for which you qualify, giving you a sound basis of comparison. Then, too, our intimate knowledge of hospitals which are perhaps just "names" to you, may help you choose the one in which you will find greatest contentment.

Our recommendations are based on information supplied through an analysis sheet. Won't you write for yours today? Our service extends to all parts of the country; negotiations are conducted on a confidential basis.

### M. BURNEICE LARSON

*Director, THE MEDICAL BUREAU*

*Palmolive Building*

*Chicago*

### **Meningitis**

[Continued from page 35]

branes is distinctive. Spots may vary in size, are at first a dusky red which do not vanish on pressure, and fade in from three to four days leaving a rusty stain. Milder, prolonged cases may exhibit a maculopapular rash resembling the roseola of enteric fever. In this second state, which may last for days or weeks, the meningeal symptoms are absent and spinal fluid is clear with normal cell count, but the nasopharynx, skin lesions or blood stream may reveal the meningococci.

When the third stage of metastatic inflammation is reached there is terrific headache, vomiting, chilly feeling and fever. It is the most dramatic phase of this form of septicemia. In children it may be marked with convulsions. The head is retracted, neck stiff, Kernig's and Brudzinski's signs are positive, with relatively slow pulse and the "*tache cérébrale*." Temperature is erratic for there may be afebrile periods for hours or even days, then renewal of the fever and chills. Inflammation of the meninges, and not infrequently inflammation in joints, pericardium, endocardium, lungs, skin and other regions may occur.

Veins of the forehead may be distended and respiration be of the Stokes—Biot or undulatory type as a result of increased intracranial pressure. Delirium, insomnia and coma may intervene. Pupils are dilated and blindness of central origin may occur, although it is rarely permanent. Herpes of the lips and mouth are common and in infants the fontanelles may bulge. A positive blood culture may be secured during this stage but it is more often found in the premeningitic stage.

The *fulminating* type of the disease shows a general toxemia with predominant hemorrhagic skin lesions and not



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to take vitamins (and milk)*

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Cal-C-Tose 'Roche'—a happy solution for the finicky, undernourished patient who cannot take tablets or capsules or who has grown tired of plain milk.

Cal-C-Tose contains generous amounts of vitamins A, B<sub>1</sub>, B<sub>2</sub>, C, and D plus calcium and phosphorus, in an appetizing cocoa-malt base. Two heaping teaspoonfuls mixed with warm or cold milk makes a delicious "hot chocolate" or refreshing "milkshake." Supplied in 12-oz and 5-lb containers . . .

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uncommonly hemorrhages of the adrenal glands. Temperature may be subnormal or unusually elevated and death may occur in a few hours after onset with no appearance of the meningitic symptoms. Prognosis is very poor because drug therapy does not have time to take effect.

*Atypical meningococcic infections* are not uncommon. They may be prolonged with irregular fever, arthritic symptoms, petechial or maculopapular rashes, enlarged spleen, positive blood cultures and extrameningeal foci of infection. Meningitis may not occur or it may appear after weeks of general infection. Course of this infection is variable and recrudescence and relapses occur in from 20-30 per cent of the cases.

There are many complications that can and do occur after or during an at-

tack of meningitis. Purulent conjunctivitis, panophthalmitis, transitory amaurosis and at times optic neuritis and retinitis may appear. Otitis media is common and deafness, resulting from involvement of the eighth nerve, is usually permanent. Pericarditis and vegetative endocarditis may occur and blood pressure which is low in the septic stage may rise considerably under intracranial pressure in later stages of meningitis or block. Purulent monarthritis, usually of the knee, may follow acute arthralgia or polyarthritis.

*Internal Hydrocephalus or Subarachnoid block* is common, especially in infants. It is caused by organization of exudate in the system of channels through which the cerebrospinal fluid circulates and symptoms may be acute with intense headache, cyanosis of face, fullness of forehead and retinal veins, de-

for the relief of pain

**'TABLOID'  
'EMPIRIN' COMPOUND**

Nurses subject to headaches from long hours of tedious duty appreciate the prompt relief provided by 'Tabloid' 'Empirin' Compound. An effective analgesic and antipyretic, it is particularly useful in grippe and colds and for relieving the pain of neuralgia, rheumatism, lumbago and dysmenorrhea.

Bottles of 12, 25, 100, and 500

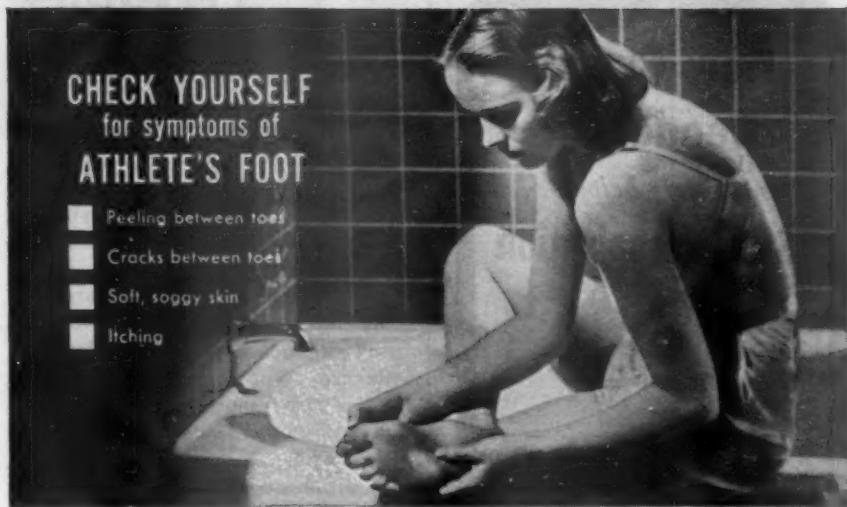


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for symptoms of  
**ATHLETE'S FOOT**

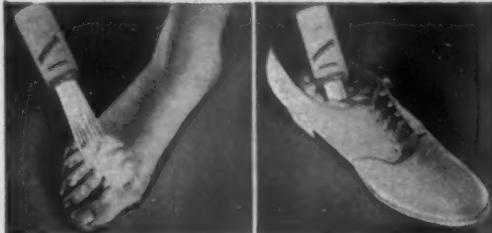
- Peeling between toes
- Cracks between toes
- Soft, soggy skin
- Itching



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As a Nurse, you realize the importance of keeping your feet in perfect condition . . . yet chances are *you* may have Athlete's Foot. Surveys show over 70% of U. S. adults infected each year. Mild case may suddenly become serious. And infection is worst in summer. Now science has a better treatment! In thousands of test cases, practically all infection cleared up quickly with easy 2-way Quinsana method—used today by millions.

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**Stop Perspiration**



1. Does not harm dresses, or men's shirts. Does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Prevents under-arm odor, stops perspiration safely.
4. A pure, white, antiseptic, stain-less vanishing cream.
5. Arrid has been awarded the Seal of Approval of the American Institute of Laundering, for being harmless to fabrics. Use Arrid regularly.



lirium and, not infrequently, death. Energetic and prompt measures are necessary. Drainage by puncture of the cisterna magna may be necessary especially if lumbar puncture does not give free flow of fluid. Puncture of lateral ventricles in children is easy and should be done. Adults may need trephining of the skull. If there is acute swelling of the brain hypertonic solution of glucose is given intravenously or sulfate of magnesium by mouth or rectum.

In children meningitis may be confused with such diseases as scarlet fever, influenza, typhus fever, pneumonia, mumps, gastroenteritis, or tonsillitis but in these diseases the spinal fluid is clear and leukocytes rarely increased.

In all phases of the disease the prognosis is difficult but it is noted by some authorities that the rate of death increases in direct proportion to the time which elapses between onset and institution of treatment. There is a better chance of survival when onset is gradual and age is of importance in determining outcome.

**TREATMENT.** Since the advent of the sulfonamides the outlook for this disease has been completely altered. Acute symptoms can now be dissipated in from two to six days with signs of improvement a few hours after administration begins. Incidence of complications and residual symptoms are reduced. Sulfadiazine and sulfamerazine are most commonly used because of lessened toxic reactions. Serums which were used for a number of years seem to be falling into disuse although some physicians use them in the early stages. The best rule seems to be that anti-meningococcal serum is given when patients fail to respond to adequate chemotherapy within 72 hours of the beginning of treatment or when they cannot tolerate chemotherapy.

The sulfa drug may be given orally but if the patient is delirious, comatose,

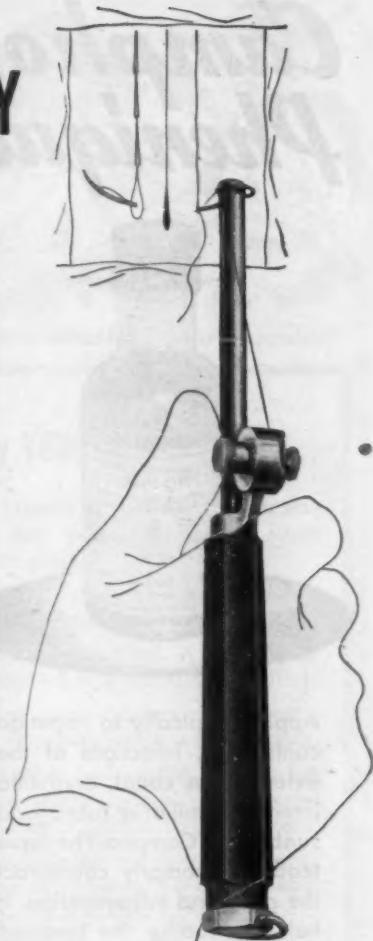
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This precision-made surgical instrument—so versatile in making a variety of stitches old and new to surgical technique—can employ any standard suturing material, or be fitted from a wide variety of available needle sizes, shapes or styles—for use in either a deep or superficial field. It is sterilizable as a complete unit, and may be readily taken apart for cleaning and quickly reassembled. All parts are rust-resistant.



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# Campho- Phenique



Applied topically to impetigo contagiosa, infections of the external ear canal, erythema intertrigo, miliaria rubra and sunburn, Campho-Phenique tends to promptly counteract the pain and inflammation. It helps to soothe the involved area, hinder infection and permit the return of healthy tissue.

On allergic dermatitis and insect bites, the routine application of Campho-Phenique relieves the itching, decreases the tendency to scratch and promotes the patient's comfort.

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critically ill, or unable to tolerate it by mouth it may be given intravenously or by the intraspinal route. It is only in rare cases that a patient does not rally after an initial dose.

Some difficulty has been experienced with sulfadiazine by appearance of hematuria, caused by crystallization of the superconcentrated form of the drug in the tubules of the kidney. However, most important is effective eradication of bacteria from the nasopharynx of the meningococcus carriers by use of sulfadiazine.

Blood level determinations should be done every third day as well as hemoglobin estimation and leukocyte examination. General supportive treatment should be used freely with whole blood transfusions, if necessary, to overcome anemia and sedation for restlessness. Thiamin chloride and ferrous sulfate should be given daily after medication with sulfa drugs.

Fluids should be ample (at least 1200-1500 cc. per day) to prevent renal complications. Kidney conditions due to sulfa toxicity may be averted or mitigated by alkalinization daily, urinalysis, charting of intake and output and discontinuance of the drug when renal symptoms develop.

An initial diagnostic lumbar puncture may be made but it is not usually repeated unless restlessness and irritability are uncontrollable by other means. Dehydration and vomiting may be combated by intravenous drip salines.

**PENICILLIN.** Recently, this new drug has been used successfully in cases that did not respond to the sulfa drugs. Penicillin appeared in the blood stream for several hours after intrathecal injection and excretion was increased. No toxic symptoms were noted in cases having the disease but they did appear in normal test cases. In two cases, at necropsy, penicillin was found in significant concentration in the cisterna



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But harsh deodorants drive me wild!"



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May 1944

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magna and the third ventricle, indicating that after lumbar injections the antibiotic agent will diffuse throughout the ventriculosubarachnoid space.

**PROPHYLAXIS.** During the months of prevalence of upper respiratory tract infections a high rate of the disease may develop. Coughing and sneezing will distribute not only the virus of these respiratory diseases, but also the meningococcal infection. In camps, adequate spacing of cots has reduced carrier rates from 29 to 4 per cent. Efforts should also be made to avoid exposure, fatigue and too rapid inoculation for typhoid and other diseases. Modern methods of prophylactic treatment have reached a high degree of excellence and the problem is in a fair way toward being solved by chemotherapy. The point of attack must be elimination of carriers and isolation and prompt treatment of active cases.

The patient must be isolated and clothing, bedding and discharges disinfected. Passive immunization by serum and active immunization by vaccine have not been completely successful. It seems safe to prophecy that the case rate of this disease will be materially reduced in succeeding years through use of *prompt* prophylactic treatment and that the mortality rate will be found at new low levels although a few cases of the fulminating type will continue to cause a few deaths.

### **Chinese Health Center**

[Continued from page 32]

difference between them and other school children: "We have no pediculosis problem. Very rarely is there a case." The nurses marvel that, often with no tubs, rarely with hot water in the poorer homes, their clients keep so



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holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. *Established 24 years.*

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Provides unusually fast and effective relief from muscle, nerve or joint pains—



#### **—concentrated**

supplies 1 ½% methyl salicylate and 1 ½% menthol, with camphor and capsicum.

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entirely new, alcoholic soap base—which is completely washable and non-staining.

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produces neither burning nor vesication... yet highly effective.

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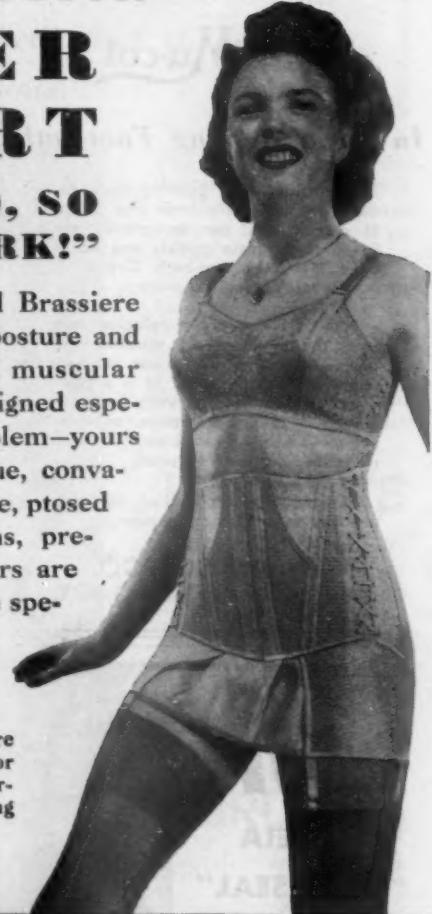
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Example of lordosis posture before—and after  
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Send free booklet. I  
have checked my prob-  
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Name.....

Address.....

5-44

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## In a Comforting Foot-bath

Your aching feet, burning from fatigue or over-strain from long hours of extra duty, can be greatly relieved of this pain quickly and easily by a MU-COL foot-bath. Try it, it is a nurse's own suggestion.

MU-COL has many valuable uses—in the treatment of mucous surfaces—for burns—for minor skin irritations—for the scalp. It is a powder, quickly soluble—handy for travelling. It is non-poisonous, non-corrosive—a saline-alkaline bacteriostatic prescribed for over 40 years.

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**NEW!**

**HYGEIA**  
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**HYGEIA** NURSING BOTTLES  
NIPPLES AND  
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spotlessly clean. Another interesting difference is that school epidemics of childhood diseases make infinitely less headway among Chinese than among Occidental children. There seems to be some natural resistance in the Orientals.

Among the schools attended by the Chinese children is the Hancock Health School, where discharged hospital cases, post-tuberculous and positive tuberculin-test children requiring special supervision, extra food and rest, are sent. At this school they take showers daily, receive hot lunches, are served milk mid-morning and mid-afternoon, and have one hour of rest each day. Here 99% of the pupils are Chinese.

It seems to be a fact that Chinese tend to be myopic, so the Center gives much attention to sight-saving. In one of the schools a sight-saving class has been established where special large print and unglazed paper are used. "We have little trouble in getting our people to adopt glasses," Miss Gibson reports.

Tuberculosis is Chinatown's worst health problem. Tuberculosis case-finding and preventive work is a major part of the school public health nursing program as it is of the Child Welfare work. Each term tuberculin tests are made on pupils and every two years the negative cases are retested. Many inactive infections are prevented from becoming active through the close supervision given by the Center nurses. A "case" is usually a family or a group of persons. Crowded living in Chinatown means that almost any active case may be putting contacts in danger. Miss Gibson says: "As long as Chinese food is eaten and chopsticks are used, I'm afraid we won't be able to do away with community dishes at table." But that is one of the objectives of the Center's educational program—the nurses go into the majority of Chinese homes for one thing or another in the course

**"They are high in energy value, and tuberculosis patients will find them both palatable and nutritious."\***



The author is discussing the value of malted milk in the dietetic management of the phthisical patient.

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is rich in essential proteins, fat, carbohydrate—the Fortified being enriched with Vitamins A, B<sub>1</sub>, D and G.

\*Tobey, J. A.: Milk The Indispensable Food, Pub. by the Olsen Publishing Co., 1933.

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The Complete Malted Milk . . . Not Just a Malt Flavoring for Milk

# **HORLICK'S**

of their work and they always try to instill health habits as tactfully as they can.

The Chinese are inclined to believe that what they don't know won't hurt them and very often they resent the X-ray or the tuberculin test that reveals the hidden malady. This is the disease that was hidden and ignored in Chinatown until the Center nurses started on its trail. The Chinese do not always appreciate the nurses efforts to bring it into the open.

There are many more known cases of T.B. now than may have been recorded years ago. This does not mean that there are more cases. It does mean that the cases are being discovered in time to prevent their going to the hospital to die—in time to catch contacts.

Through the doors of the Chinese Health Center pass the concrete evidence that Chinatown's people will, in days to come, be as proud of their health records as they are of their American citizenship.

### **The Wagner Act**

[Continued from page 34]

the disadvantage of requiring repayment. Nor has talk about the necessity of taking away the people's pin money, in order to avoid inflation, proven popular. So that the latest trick uncovered by the New Deal's magicians appears to government tax experts the most promising of expedients. Here is how—they pray—it will work.

Social Security obligations will be



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It cleans, it stimulates and relieves soreness

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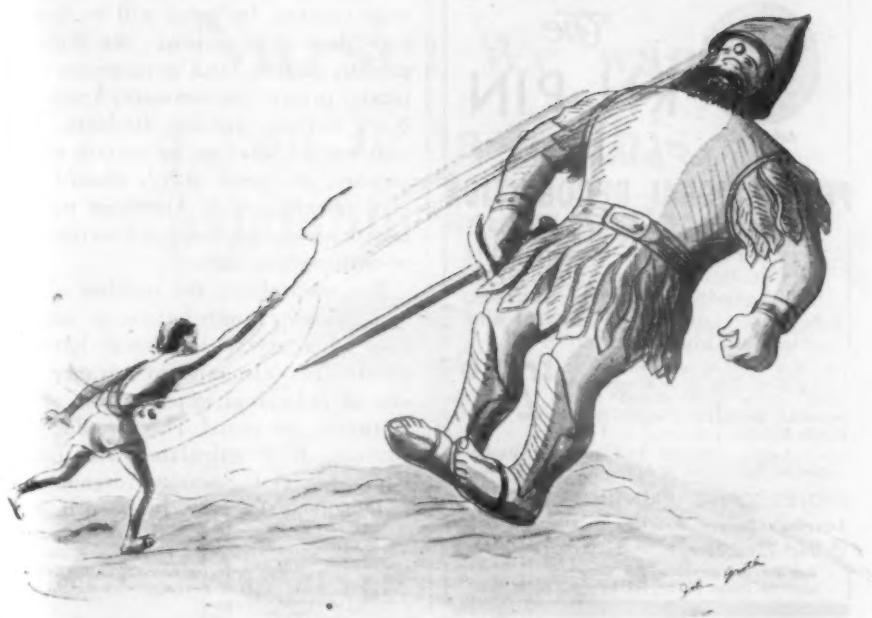
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broadened to an estimated 110,000,000 wage-earners. Included will be nearly every branch of nursing: the staffs of private, charity, and government hospitals; private practitioners; Army and Navy nurses; nursing students. The only nurses who can be certain of exemption are nuns, R.N.'s aboard foreign vessels outside American waters, and those serving foreign governments or instrumentalities.

But multiplying the number of Social Security contributors is merely part of what the legislators have in mind. They also aim to advance the size of individual imposts from seven to twelve per cent.\* This two-fingered squeeze, they calculate, will fatten Federal Social Security revenues by \$5,000,000,000 a year. Invested in gov-

\*In the case of nurses receiving room and board, this figure will be somewhat higher, as the cash value of such prerequisites would likewise be taxable.



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WHY SUFFER WITH FOOT TROUBLES THAT DRAG YOU DOWN? TIRED, BURNING, TENDER, ITCHING, PERSPIRING FEET OR CORNS AND CALLOUSES GIVE YOU THAT EXHAUSTED LOOK.

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**JOHNSON'S FOOT SOAP**  
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ernment bonds, this extra cash will supply Congress with a tidy nest-egg to dispose of as it sees fit.

Social Security benefits, it is true, will be widened to embrace insurance against unemployment, old-age, sickness, disability, and death. As applied to nursing, those out of work will be presented with handouts equivalent to half the first \$12 of their weekly wage, plus a quarter of the remainder up to \$56, for twenty-six weeks. Colleagues temporarily incapacitated will be compensated on the same scale, and married R.V.'s who are going to have a baby will be subsidized during a 12-week maternity leave. Should she be stricken with illness, the nurse and her dependents will be given "free" medical treatment, laboratory tests, and a month of hospitalization annually. At sixty—sooner if she is permanently disabled—she can retire on a pension for the rest of her days. When she dies,

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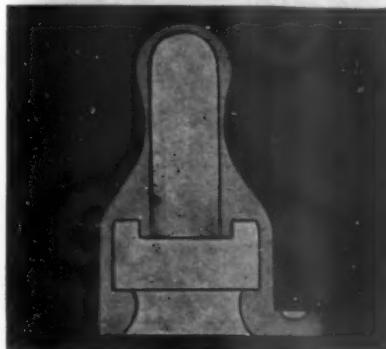
*with Nature as the heroine!*



In bottle-feeding (exclusive or supplementary) perhaps the most common disturbance is infantile colic. Chart shows exaggerated white spaces to indicate location of air bubbles which produce colicky pains in infant's stomach and small intestines.



Research revealed that one frequent cause of colic was the old-style, soft-rubber nipple. So we designed the "Anti-Colic" brand "Sani-Tab" nipple. It simulates breast-feeding. It is short, like the maternal nipple. Note firm, reinforced shoulder . . .



...which corresponds to the areola of the lactating breast. The infant's lips make close contact with the shoulder, thus cutting off "seepage" and discouraging wind-gulping. This, of course, is only part of the story. Complete details . . .



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May 1944

a survivor will collect a flat sum toward her funeral bill. (Nurses with military service records will, besides being absolved from Social Security levies for the duration of the war, get \$12 to \$30 a week for 26 weeks after leaving the armed forces.) The above benefits will not be open to those nurses in private duty. Self-employed nurses will not be eligible for unemployment allotments, though they will turn over seven per cent of their annual income to the government in return for the other benefits.

Golden promises are undeniably attractive to a profession whose insecurity amounts to a tradition. They are, in fact, the main argument for the bill's enactment. But what is not being stressed with like enthusiasm is the string attached to their fulfillment: that whereas the elevated assessments would be extracted as soon as the measure takes

effect, delivery of the corresponding benefits would be delayed for at least "one year after the contributions" or until "six months after the war."

This qualification is attacked by independent actuaries as the worst flaw in the Wagner Act. Should the down payments be disbursed before benefits fall due, they point out, the government coffers would contain nothing but debts with which to meet the obligations—which would have to be liquidated by more taxation. Thus, beneficiaries might again be called upon to pay for protection which had supposedly been purchased. As Bion H. Francis, of the American Institute for Economic Research, puts it: "The problem of insecurity remains. The Act does not guarantee future benefits. It can be repealed any time or benefits changed. Later, when benefits will be large and taxes heavy, there will probably be a

GOOD TO REMEMBER ANY TIME OF YEAR—

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R.N.

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will give you comforting relief in  
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... because it relieves the painful itching. Aids nature in healing externally caused skin irritations, pimples, blackheads, eczema, acne, ringworm and athlete's foot.

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continuing struggle about payments."

Forecasting that premiums might eventually reach 25 per cent, they cite an impressive list of reasons to back up their opinion. The inevitable outcome, they conclude, would be a substantial drop in the standard of living of the general population. In the specific instance of nurses, this is what they believe might happen:

"Hospitals normally operate on a narrow margin. Rarely are they prosperous enough to absorb a considerable rise in their expenses. Hence, the levies imposed upon them by the Wagner Act would have to be subtracted from the salaries of their staffs" and overhead reduced by employment of practical nurses and attendants instead of R.N.'s. The hospitals might eliminate wage raises and dismissal compensation and business firms "might be impelled to discontinue retirement plans for industrial nurses."

While every Social Security taxpayer would be subject to such economic penalties, few would be affected as severely as nurses. The explanation lies in the nurse's peculiar position as both client and employee of the program. Section 11 of the Wagner Act guarantees beneficiaries 30 days' hospitalization a year. This rule would apply to sufferers from any disease but tuberculosis and mental conditions. Such patients would be entitled to "essential" hospital services, including staff nursing. Collaborating hospitals would be rewarded with \$3 to \$6 a day for each case. Although no hospital would be compelled to accept Social Security patients, the chances are that they could not afford to refuse—especially since the majority of their potential clientele would be paying for hospitalization, whether they used it or not.

Simple as it sounds, the preceding system is viewed with considerable

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*"Let me tell you about 2nd Lt. D.... H...."*

"Dottie is a pretty girl...you can see that for yourself. And a darn good nurse.

"But somehow or other, Dottie never got along too well with the gang in Ward 2. She knew it too, poor kid...but she never knew why—and no one had the heart to tell her about MUM.

"But one day I did!... And look at her now! It didn't take the men long to discover the new Dottie, and somehow (honest, I had nothing to do with it) they learned that today is her birthday. That cake she's cutting is a G.I. special—and with it go the best wishes of the whole gang."

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alarm by experienced hospital administrators. Many maintain that it is impossible to furnish complete, first-class attention at the government rates. To keep their doors open, they say, they would have to lower the quality of their service or slash the salaries of their staff nurses. Conceding the possibility of a gap between the hospitals' expenses and the government's bounties, the bill's framers reply that it could be bridged by private hospitalization insurance. Senator Wagner states that "hospitalization plans would offer supplementary protection for families desiring more than [Social Security] benefits." But, wonder hospital managers, how can the ordinary citizen be expected to bear the extra burden of private policies if he must foot the bill for the government variety as well?

Still more repugnant to nurses is the form of government the Wagner Act would set up to run nursing. From a

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democracy directed through its elected spokeswomen, they affirm, the profession would be transformed into the personal dictatorship of the Surgeon General. One man would be authorized to "Negotiate agreements with private agencies, institutions, groups or individuals, to utilize their services on payment of reasonable compensation." One man would fix the fees to be paid hospitals. He would judge which institutions would—and which would not—enter the Social Security fold. He would be privileged to "take all necessary steps for availability of hospitalization and related benefits." By means of his right to bestow or withhold Federal largesse from "non-profit institutions and agencies engaging in research or professional education," he could influence the policies of hospitals and nursing schools. Finally, one man would possess the sweeping power of developing "methods of providing nursing bene-



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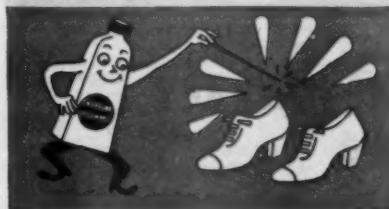
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## ENERGINE SHOE WHITE



fits not contained in the bill."

In solving problems involving "professional standards," the Surgeon General would be assisted by a high command of political appointees. This body, which would be known as the "Medical and Hospital Advisory Council," would be composed of 16 aides selected by him. No assurance is given that any nurses or any doctors would be on this board.

Another Wagner-created bureau which might be destined to play an important role in the regulation of nursing would be the U.S. Employment Service. This new agency would inherit — for postwar usage — the "emergency powers" entrusted to the War Manpower Commission. Its function would be to "bring together available workers and jobs in maximum use of the nation's manpower." Exactly how this would be done is not disclosed but some nurses think it might be through peacetime conscription.

Tough as her current lot may be, there is hardly a nurse now alive who would willingly exchange it for a life membership in a Wagnerized profession. For commencing with student days, she would be a tiny cog in a giant political machine. With private duty virtually taxed out of existence, her chief source of employment would be the Federal-supported hospitals and clinics. In view of the government-limited budgets, her wages would probably be smaller than at present. Neither would she have any recourse but to accept whatever salary was offered her. Efforts to lift her living standards through organized nursing would be of little avail, as these organizations would have been deprived of the strength to enforce their decision. Should the U.S.E.S. decide that her talents were needed in a particular pigeonhole, there she would go without respect for her personal preferences.

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PENNA.

The hardships of Federal nursing would not, to be sure, be distributed equally among the profession. It is obvious that a plan with 110,000,000 patients would demand a sizeable supervisory force, and the Wagner Act would appropriate \$600,000,000 a year for "administrative costs." So for a fortunate few, government control would unquestionably bring well-paying sinecures with a minimum of responsibility.

Many nurses are unable to understand the complacency with which the Wagner Act has been treated in national nursing circles. They can't understand why a measure which might spell the doom of American nursing opportunities has not yet evoked a word of protest from their leaders. The A.N.A. has informed its members of the opinions of various medical organizations toward the Act, and that the

bill will probably come up for discussion at their biennial in June. But it has taken no stand on the Wagner Act to date. The danger, as nurses see it, of postponing official nursing opinion is that Congress may meanwhile misinterpret organized nursing's silence as approval—and act accordingly. Nurses feel that an eventuality of this kind would be a tragedy not only for themselves, but for their patients too. To avert it, they urge their colleagues everywhere to bring the ramifications of the Wagner Act to the notice of their District and State Associations, and to send their delegates to the biennial prepared to take an active, well-informed part in discussions. For if nurses fail to speak now they may shortly be helpless witnesses at the wedding of their profession with politics—and will forever after have to hold their peace.

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Though available data do not clearly assign the responsibility for this marked differential, obviously menstrual inconveniences account for a considerable proportion of the days lost.

On this point Pommerenke<sup>2</sup> recently made the following observation before the American Association of Industrial Physicians and Surgeons: "With a better understanding of the purpose and nature of menstruation, and its recognition as physiological rather than as a pathological process, many a woman may be re-educated and come to regard the so-called difficult days as days in which she need not seriously curtail her usual activities.

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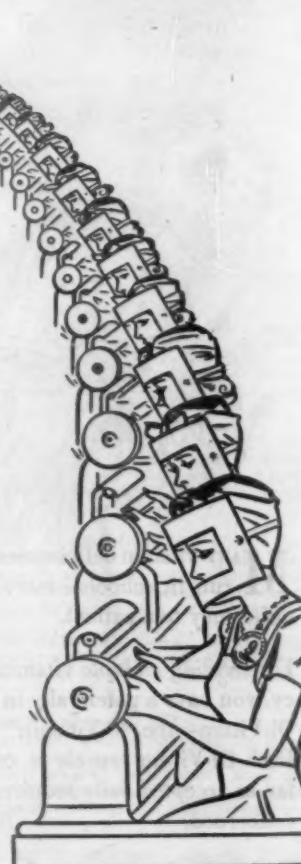
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(1) Mod. Med., 11:130, 1943; (2) Ind. Med., 12:512, 1943

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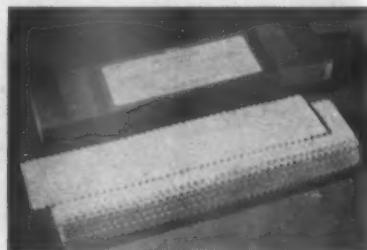
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